

**SERVICE DISABLED VETERAN BUSINESS ENTERPRISE (SDVBE)**  
Section 00480

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**(Section 00101 - Evaluation Criteria Item 10)**

**AUTHENTICATION  
OF  
SERVICE DISABLED VETERAN BUSINESS ENTERPRISE (SDVBE)**

**ACKNOWLEDGEMENT**

**Project: Faulk Library/History Center and Archival Repository Expansion**

**CIP ID Number: 5888.005**

**Solicitation Number: CLMA035**

Pursuant to the Service-Disabled Veteran Owned-Business Enterprise (SDVBE) Program all proposers responding to this solicitation must complete and return this form for proper consideration of the proposal. Firms that are certified by the State of Texas, Historically Underutilized Business HUB Program with the State Comptroller's Office as a Service-Disabled Veteran Owned Business Enterprise (SDVBE) shall receive a 3% of the total possible evaluation points towards their formal proposal.

Vendor understands that in no instance shall the SDVBE program, price or scoring preference be combined with any other City preference program to exceed 3% in response to any City solicitation.

See City Council ([Resolution No. 20160303-016](#)) for more information on the resolution.

Company Name \_\_\_\_\_

- ☐ **I AM** a Service-Disabled Veteran Owned Business Enterprise properly certified by the State of Texas, Historically Underutilized Business HUB Program with the State Comptroller's Office.

Date Certified \_\_\_\_\_

State of Texas Vendor ID \_\_\_\_\_

Certification Expiration \_\_\_\_\_

**AND**

- ☐ I **HAVE** attached my letter from the U.S. Department of Veterans Affairs stating that I am a Service-Disabled Veteran to my proposal.

**DECLARATION:** I HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND ACKNOWLEDGE THAT FRAUDULENT STATEMENTS MADE ON THIS CERTIFICATION MAY RESULT IN CONTRACT TERMINATION, POSSIBLE SUSPENSION OR DEBARMENT, OR RESULT IN LEGAL ACTION.

**OFFEROR'S FULL NAME AND ENTITY STATUS:**

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Signature, Authorized Representative of Offeror

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Title

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Date

**END**